

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36468

BIRTH NO.		REG. DIST. NO. 73		PRIMARY REG. DIST. NO. 5291		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 69 near Liberty, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>1300 Forest</u>			
3. NAME OF DECEASED (Type or Print) <u>Ernest</u>		a. (First)		b. (Middle) <u>Burnette</u>		c. (Last)	
4. DATE OF DEATH <u>November 25, 1950</u>		(Month)		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 1, 1906</u>	
9. AGE (In years last birthday) <u>44</u>		IF UNDER 1 YEAR <u>7</u> Months		IF UNDER 24 HRS. <u>24</u> Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sewer Service</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John C. Burnette</u>		13b. MOTHER'S MAIDEN NAME <u>Ida E. Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Burnette</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Burnette</u> ADDRESS <u>Kansas City, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic injuries to head and chest.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and chest.</u> DUE TO (c) <u>Auto Trauma.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>				INTERVAL BETWEEN ONSET AND DEATH <u>28 1/2</u> <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>024</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>North Kansas City, Mo. Clay Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 25 50</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>run over</u>			
22. I hereby certify that I attended the deceased from <u>Coroner's Office</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-25-50</u> , and that death occurred at <u>11-26-50</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. L. Tate M.D. Coroner</u>				23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>11/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-26-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri KS</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 26-1950</u>		REGISTRAR'S SIGNATURE <u>William H. Myers</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Church - Archer Co. Liberty, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harold G. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.